

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01578

(1)

1. Corporation Name

MUELLER UNLIMITED, INC.

Principal Place of Business

213 SECRET WAY
P.O. BOX 1479
CASSELBERRY FL 32707
US

Mailing Address

P.O. BOX 4185
P.O. BOX 1479
WINTER PARK FL 32789-4185
US



2. Principal Place of Business

21 851 W. STATE RD 436
Suite, Apt #, etc.

2a. Mailing Address

26 P.O. BOX 4185
Suite, Apt. #, etc.

22 1025
City & State

27
City & State

23 ALTAMONTE SPRINGS, FL
Zip Country

28 WINTER PARK, FL
Zip Country

24 32714

25 USA

29 32793-4185

30 USA

9. Name and Address of Current Registered Agent

MUELLER, BONNIE L
213 SECRET WAY
CASSELBERRY FL 32707

3. Date Incorporated or Qualified

09/04/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0221054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

851 W. STATE RD. 436

83 1025

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code

32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Bonnie Mueller

BONNIE MUELLER

3/31/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MUELLER, BONNIE L	
STREET ADDRESS	213 SECRET WAY	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MUELLER, FRED	
STREET ADDRESS	213 SECRET WAY	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DUNFEE, TINA	
STREET ADDRESS	1740 SEMORAN BLVD, #108	
CITY - ST - ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	851 W. STATE RD. 436
1.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	851 W. STATE RD. 436
2.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	851 W. STATE RD. 436
3.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that
I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bonnie Mueller

3/31/97

407-695-6158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)